

## ECS Configuration Change Request

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CCR No.	96-0169	Logged Date	3/12/96	Rev.	-	Request Type	CCR
Priority	Routine <input checked="" type="checkbox"/>	Urgent <input type="checkbox"/>	Emergency <input type="checkbox"/>	Affected Release	B	Change Class	II
Title (description) ICD Between ECS and Science Computing Facilities							
Documents Affected				Source Nos (RID, NCR, etc.) or Tech Reference			
209-CD-005-004							
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>							
Problem							
Document is required for delivery in support of the Release B CDR and must fully define the Release B interfaces between ECS and the SCFs							
Proposed Solution							
Starting with the SCF ICD as baselined by ESDIS, revise the ICD by adding the necessary level of detail for the Release B interfaces..							
Impact Analysis:							
Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/>							
QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input checked="" type="checkbox"/> SMO <input checked="" type="checkbox"/> Subconts <input type="checkbox"/>							
Other _____							
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>							
(Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)							
Schedule: None <input type="checkbox"/> Other _____							
Additional LOC _____ Man-Months _____							
Materials _____							
Originator Stan West (Signed) Stanley A. West 3/12/96							
Signature Date							
Office _____ Office Manager (Signed) Peter Lyons 3/15/96							
Signature Date							
Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/>							
Comments:							
CCB Chairperson _____							
Signature Date							

